



Child Care Agreement

Provider: _____ Phone Number: 703-789-5626

Address: 7775 Clifton Rd. Fairfax Station, VA 22039

Welcome to my family child care home. Parents are welcome to visit at any time during child care hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. *Please complete the **Emergency Contacts Information** form before your child's first day.*

Family Information

Child's Name: _____ Date of Birth: _____

First and Last Name (Mother): _____

First and Last Name (Father): _____

Address: _____

Phone # Cell: _____ Home: _____

Please complete the Emergency Contacts Information form before your child's first day.

Hours and Days of Operation

When would you like the Child care service to begin: ____/____/____

The hours for care will begin at the following days and time:

	Arrival time	Departure time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If your child is going to absent or late, please call us in advance.

Holiday Policies

Our family childcare center is CLOSED for the following holidays:

- New Year's Day
- Martin Luther King Day
- President's Day
- One Day of Eid (TBA)
- Spring Break: One Week (TBA)
- Memorial Day
- Juneteenth
- Independence Day (plus 2 additional days)
- Summer Break: One Week (TBA)
- Labor Day
- Columbus Day
- Election Day
- Veteran's Day
- Thanksgiving (Wednesday, Thursday, and Friday)
- Winter Break: Last Two Weeks of December

You will be responsible for making payments in all of the following circumstances in order to save your spot.

Payment will be expected when our family childcare center is closed for holidays.

Payment will be expected while the child is on vacation, sick, or absent.

Payment will be expected for the full month prior to the termination of childcare; this applies for children leaving in the middle of the month.

We understand the agreement of the payment. Signature: _____

We also offer before- and after-school care. Contact us for rates.

\$ 35.00 for late payment charged for any time after every Friday unless special arrangements have been made.

Child care fees are payable in advance and are due weekly every Friday.

I collect a deposit of \$ 300.00 an enrollment fee at the time of registration.

Notice: A two (2) month written notice is required to end this childcare agreement by either party. If two months' notice is not given, payment for the two-month notice period will still be required.

Food

Meals will be: Prepared by the provider x Brought by family

Families are required to bring the appropriate foods for infants under months old.

Meals served will be:

☒ Breakfast

☒ Morning snack

☒ Lunch

☒ Afternoon Snack

☐ Supper

☐ Evening snack

Please explain if the child has special dietary needs:

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.

Positive Guidance

I want your child to feel respected, nurtured, and successful every day. I feel that we are a team and work together to encourage and help your child learn and discover. I will use positive guidance techniques along with appropriate limits to support each child as they develop their own skills in self-control and self-discipline. I value working together with you to select the best solutions when challenges arise.

Illness

Please notify me if your child will be absent because of illness. If your child is home for more than 3 days, she/he must bring a signed physician's statement when returning to the program.

If the child is absent, payment is x expected is not expected.

Please inform me of any contagious disease immediately. All families of children in my care will be notified. If your child becomes ill during care, you will be asked to pick up your child within 1 hour. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when the child is no longer sick.

 Parent's initials. Received a written copy of the child care sick policy.

Immunizations

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child's file.

Clothing

Label your child's clothing and other items with his/her name and bring in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following:

_____ x _____ diapers, _____ x _____ baby wipes, _____ x _____ bibs

Other: _____

Health Information

Allergies, and/or food restrictions: _____

Medications taken regularly in case of emergency: _____

Safe Sleep

During rest times, I will provide appropriate sleeping equipment for the age and developmental readiness of your child. This equipment meets the current standard of the United States Consumer Product Safety Commission. If you choose to provide sleep equipment for your child, it must meet these same safety standards.

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician.)

Emergency Preparedness Plan

_____ Parent's initials. Received a written copy of the written emergency plan.

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature: _____ Date: _____

Parent's Name in Print: _____

Provider's Signature: _____ Date: _____

Provider's Name in Print: _____